



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2530

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER 10/699,243 | FILING DATE 10/30/2003 RULE | CLASS 254 | GROUP ART UNIT 3723 | ATTORNEY DOCKET NO. 1999 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

APPLICANTS
 Richard G. Rincoe, Golden, CO;

*** CONTINUING DATA *****

*** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/30/2004

| | | | | | | |
|---|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | STATE OR COUNTRY CO | SHEETS DRAWING 4 | TOTAL CLAIMS 43 | INDEPENDENT CLAIMS 4 |
|---|---|--|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS
 24264
 TIMOTHY J MARTIN, PC
 9250 W 5TH AVENUE
 SUITE 200
 LAKEWOOD , CO
 80226

TITLE
 Mechanical arm assembly and method therefor

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 635 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|